

# Spine and Orthopedic Center, P.C.

## HIPAA PRIVACY ACT

Many of the people who work for our practice- including but not limited to our doctors and nurses, and medical assistants may use or disclose your IIHI in order to treat you or assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

1. **PAYMENT:** Our practice may use and disclose your IIHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members; also we may use your IIHI to bill you directly for services and items.
2. **HEALTHCARE OPERATION:** Our practice may use and disclose your IIHI to operate our business. As example of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

### OPTIONAL:

- A. **APPOINTMENT REMINDERS:** Our practice may use and disclose your IIHI to contact you and remind you of appointments.
  - B. **TREATMENTS OPTIONS:** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
  - C. **HEALTH-RELATED BENEFITS AND SERVICES:** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may interest to you.
  - D. **RELEASE OF INFORMATION TO FAMILY/FRIENDS:** Our practices may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
3. **DISCLOSURE REQUIRED BY LAW:** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

### USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. **PUBLIC HEALTH RISKS:** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - maintaining vital records, such as births and deaths
  - reporting child abuse or neglect
  - preventing or controlling disease, injury or disability

- notifying a person regarding potential exposure to a communicable disease
  - notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - reporting reactions to drugs or problems with products or devices
  - notifying appropriate governmental agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence), however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
  - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **HEALTH OVERSIGHT ACTIVITIES:** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensures and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for governmental programs, compliance with civil rights laws and the health care system in general.
  3. **LAWSUITS AND SIMILAR PROCEEDINGS:** Our practice may use and disclose your IIHI in response to a court of administrative order. If you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful request.
  4. **INMATES:** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution, to provide health care services to you, (b) for the safety and security of the institution and/or (c) to protect your health and safety or the health and safety of other individuals.
  5. **WORKER'S COMPENSATION:** Our practice may release your IIHI for worker's compensation and similar programs.
  6. **YOUR RIGHTS REGARDING YOUR IIHI:**

You have the following rights regarding the IIHI that we maintain about you:

    - A. **CONFIDENTIAL COMMUNICATION:** You have the right to request that our practice communicate with you about our health and related issues in a particular manner or at a certain location. For instance, you may request that we contact you at home rather than at work. In order to request a type of confidential communication, you must make a written request to **Spine and Orthopedic Center, P.C. at 770-473-0038**, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
    - B. **REQUESTING RESTRICTIONS:** You have the right to request a restriction in or use or disclosure of your IIHI for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or payment for your care, such as family members or friends. We are not required to agree to your request, however, if we do agree we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request restrictions in our use or disclosure of your IIHI, you must

make your request in writing to Spine and Orthopedic Center, P.C. at 770-473-0038. Your request must describe in a clear and concise fashion:

- a) The information you wish restricted
  - b) Whether you are requesting to limit our practice's use, disclosure or both and
  - c) To whom you want the limits to apply
7. **INSPECTION AND COPIES:** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Spine and Orthopedic Center, P.C. at 770-473-003**, in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
8. **AMENDMENT:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Spine and Orthopedic Center, P.C. at 770-473-0038**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless individual or entity that created the information is not available to amend the information.
9. **ACCOUNTING OF DISCLOSURE:** All of our patients have the right to request an "accounting" of disclosures. An "accounting" of disclosures is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purposes. Use of your IIHI for non-treatment or operations purposes, or use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with nurse, billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Spine and Orthopedic Center, P.C. at 770-473-0038**. All requests for an "accounting" of disclosures must state a time period, which may not be longer than ( ) years from the date of disclosure and may not include dates before April 14, 200\_. The first list you request within a 12-month period is free of charge, but our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
10. **RIGHTS TO A PAPER COPY OF THIS NOTICE:** You are entitled to receive a paper copy of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Spine and Orthopedic Center, P.C. at 770-473-0038**.

**11. RIGHT TO FILE A COMPLAINT:** If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Spine and Orthopedic Center, P.C. at 770-473-0038**. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**12. RIGHTS TO PROVIDE AN AUTHORIZATION FOR USES AND DISCLOSURES:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Spine and Orthopedic Center, P.C. at 770-473-0038**.